



Application for a Water Right Permit

For Ecology Use
(Date Stamp)



Follow the attached instructions. Attach additional sheets as necessary.

☒ GROUND WATER ☐ SURFACE WATER
☐ PERMANENT ☐ SHORT TERM ☐ TEMPORARY
☐ DROUGHT

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

☒ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Confederated Tribes and Bands of the Yakama Nation	Phone No: 509 856-5121	Other No:
Address: PO Box 151		
City: Toppenish	State: WA	Zip: 98948
Email Address (if available):		

Contact Name (if different from above): Hans Smith	Phone No: 509 996 5005	Other No: 509 449-2750
Relationship to Applicant: Habitat Biologist for Yakama Nation Fisheries		
Address: 2 Johnson Lane		
City: Winthrop	State: WA	Zip: 98862
Email Address (if available): smih@yakamafish-nsn.gov		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Walking D, Inc.	Phone No: 206 619-8822	Other No:
Address: 530 Peters Road		
City: Twisp	State: WA	Zip: 98856
Email Address (if available):		

For Ecology Use	APPLICATION NO: 64-33081	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: <input checked="" type="checkbox"/>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date: 11-16-2012 By: <input checked="" type="checkbox"/> WRIA: 48 OKWOBAN
Pre-application interviewer: COST REIMBURSEMENT		

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES X NO
If no, do you have legal authority to make this application for use of another's land? X YES ☐ NO

Briefly describe the purpose of your proposed project:

Methow River 1890s Side Channel Habitat Restoration Project - Restore and enhance aquatic habitat conditions in an existing side channel of the Methow River for the benefit of ESA listed salmonids (UC steelhead and UC spring Chinook).

Anticipated length of time to complete your project: 2 months

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) X Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
In channel aquatic habitat creation	7 CFS 3,141 GPM	5,217	Continuously
TOTAL:	7 CFS	5,217	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES X NO

Is this request for a temporary permit? ☐ YES X NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL**(Complete A or B, and C below)**

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) x Other: : groundwater infiltration gallery (exempt from WAC 173-160-010 – see attached) _____
Source Name: _____	Well diameter & depth: <u>18" to 30" diameter / 12 foot depth</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>1</u>
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES x NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
3322060022	SE	SW	06	33	22	Okanogan
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>1000</u> Feet (X North/ <input type="checkbox"/> South) and <u>1600</u> feet (<input type="checkbox"/> East/ X West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE X SE <input type="checkbox"/>) corner of Section <u>06</u> .						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section _____						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Place of Use is a natural side channel that conveys surface flows of the Methow River at higher flow stages. The place of use includes the entire side channel which crosses multiple tax parcels under various public and private ownerships. The Parcel Numbers for each piece of land that owns part of the channel are provided.

¼	¼	Section	Twp.	Range	County	Parcel No.
NE	NE	07	33	22	Okanogan	3322070184, 8812900010, 8837000020, 8837000010, 3322070183, 3322080052

Do you own all the lands on which the proposed place of use is located? ☐ YES X NO.

If no, do you have legal authority to make this application for use of another's land? X YES ☐ NO

Provide owner name(s), address, and phone number: Walking D, Inc., 530 Peters Road, Twisp, WA _____

Are there any other water rights or claims associated with this property or water system? X YES ☐ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): See attached Plans – Groundwater Infiltration Gallery using slotted PVC well pipe. Gravity Fed.

Section 8. OTHER WATER USES

Other Use

Gravity fed groundwater infiltration gallery being used to produce perennial flow into an existing side channel of the Methow River for the benefit of ESA listed salmonids. This is a salmon recovery action.

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Twisp, WA, go north on Highway 20 to the intersection with Ainsworth. Take a left onto Ainsworth and follow into Burgar Street. Take a left onto Peters Road. Pull in driveway on right at 530 Peters Road.

Site Address: 530 Peters Road, Twisp, WA, 98856

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Harry Smiskin
Chairman, Yakama Tribal Council
(Applicant or authorized representative)

J. Athena Sanchez
Signature

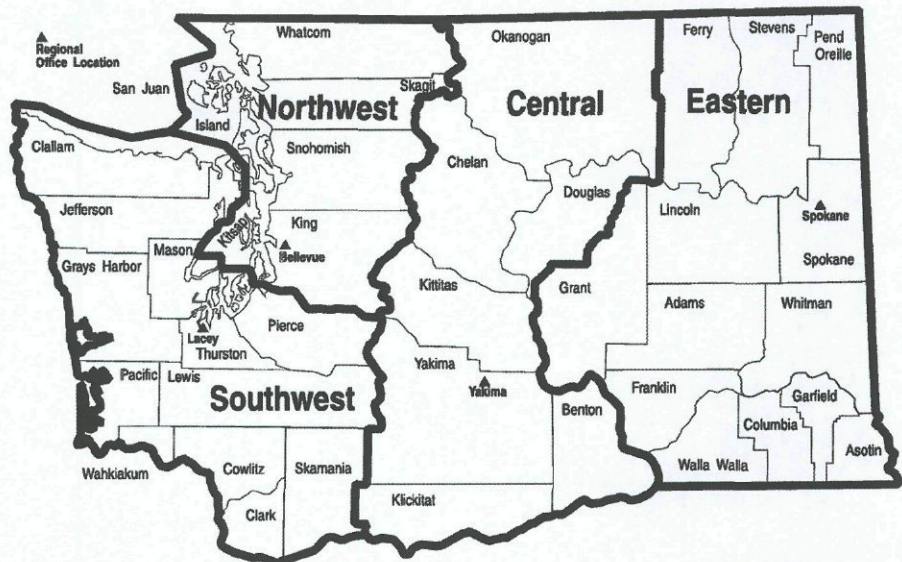
11/14/2012
Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<p><input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490</p>	<p><input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400</p>
	<p><input type="checkbox"/> Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000</p>	<p><input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300</p>

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



We encourage you to contact the Ecology Regional Office in your area to request a **pre-application conference** PRIOR to filing your application. Contacts are listed on the previous page. We will review your project needs and assist you in determining options for obtaining the water you need.